

57353

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.  
Please type or print clearly. Press Hard.State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number 015-001542

<b>GENERATOR</b> (Generator Must Complete) ② Name <u>ALUMINUM COMPANY OF AMERICA</u> <u>VERNON WORKS</u> EPA NO. <u>C A D 0 7 4 1 2 6 6 8 1</u> Address <u>5151 Alcoa Ave.</u> Phone No. <u>588-6141</u> City, State, Zip <u>Vernon, Ca. 90058</u>		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name <u>OPERATING INDUSTRIES, INC.</u> EPA NO. <u>C A D 0 8 0 0 1 2 0 2 4</u> Address <u>900 N. Potrero Grande Dr.</u> City, State, Zip <u>Monterey Park, Ca.</u>		④ Alternate TSD Facility Name <u>CHEMICAL WASTE MANAGEMENT INC.</u> EPA NO. <u>C A T 0 0 0 6 4 6 1 1 7</u> Address <u>P.O. Box 1104, 430 W. Elm Ave.</u> City, State, Zip <u>Coalinga, Ca. 93210</u>	
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⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

  

⑥ WASTE CATEGORY <u>#7</u>	⑦ EX. HAZ. WASTE PERMIT NO. _____	⑧ GENERATING PROCESS <u>Aluminum Fabrication</u>
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LIST COMPONENTS: ⑨ A. _____ B. _____ C. _____ D. _____	CONC. UPPER RANGE LOWER UNITS	⑩ WASTE PROPERTIES: pH <u>7</u> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen	⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <u>Aluminum Oxides &amp; Water</u>	⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____	⑬ _____ Signature of Authorized Agent and Title
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IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

  

<b>TRANSPORTER</b> (HAULER MUST COMPLETE) ⑭ NAME <u>ASBURY OIL CO.</u> EPA NO. <u>C A D 0 2 8 2 7 7 0 3 6</u> ADDRESS <u>13419 Halldale Avenue</u> PHONE NO. <u>(213) 321-1392</u> CITY, STATE, ZIP <u>Gardena, California 90249</u>	⑮ PICK-UP DATE <u>4-10-81</u> TIME <u>6:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM ⑯ _____ Signature of Authorized Agent and Title
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<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE) ⑰ NAME <u>WIPAC TSD INC.</u> EPA NO. <u>C A D 0 8 0 0 1 2 0 2 4</u> PHONE NO. _____ ⑱ QUANTITY (If Measured) <u>100 BBL</u> ⑲ STATE FEE (If Any) _____ ⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____	㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer ㉒ _____ Signature of Authorized Agent and Title
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㉓ NAME _____ EPA NO. _____	㉔ _____ Signature of Authorized Agent and Title
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ORIGINAL